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# Community Outreach Partner Application

Please mail or drop off completed form, proof of 501(c)(3) status and proof of insurance with Attn: Liz Jarvis.

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Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Organization: \_\_\_\_\_

Contact Person(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Email: \_\_\_\_\_

Organization's Website/Facebook/Twitter: \_\_\_\_\_

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Organization's Mission:

How does this mission relate to City Market's Global Ends? (See our COP Policy)

How will you ensure that Member Worker hours are accurately recorded and reported to City Market at the end of each month?

How many volunteers do you currently work with each month?

What are the typical tasks that you ask volunteers to do?

Questions? Contact Liz Jarvis, Membership Coordinator, at [lj Jarvis@citymarket.coop](mailto:lj Jarvis@citymarket.coop) or 861-9707.